ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD - 1999
TEXAS NONPROFIT HOSPITALS

PLEASE RETURN DIRECTLY TO:

Texas Department of Health
Office of Policy and Planning
1100 West 49th Street
Austin, Texas 78756 - 3199

Phone (512) 458-7261
Fax (512) 458-7344

Enclosed is a copy of the blank 1999 Annual Statement of Community Benefits Standard (ASCBS) form for your hospital or hospital system. Under the Health and Safety Code, Chapter 311, nonprofit hospitals, public hospitals and hospitals designated as Medicaid disproportionate share facilities are required to file the **ASCBS form** and an **annual report of the Community Benefits Plan** with the Texas Department of Health (TDH). Please remember that the 1999 ASCBS form must also be filed with the State Comptroller's office and your local appraisal district. Mailing instructions are included on the back of this page. The form is also available on our TDH website at http://www.tdh.state.tx.us/dpa/.

A copy of the Health and Safety Code, Chapter 311, Subchapters C and D and a copy of the nonprofit hospital charity care and community benefits reporting rules as adopted by the Texas Board of Health are enclosed. The charity care reporting requirements have not changed from 1998; however, certain modifications were made to the ASCBS form from the previous year for clarity. **The filing date for fiscal year 1999 charity care and community benefits reports is April 30, 2000.**

Please note that a hospital participating in the disproportionate share hospital program during the 1999 reporting period or in either of its previous two fiscal years (1997 and 1998) is deemed in compliance of the law. The hospital is, however, required to provide financial information on the ASCBS form and file an annual report of the Community Benefits Plan. Also note that a hospital located in a county with a population under 50,000 where the entire county or the population of the entire county has been designated as a Health Professional Shortage Area is exempt from this reporting.

Please contact Ms. Shaku Desai at (512) 458-7261 if you have any questions. Thank you for your cooperation.

Ann Henry, Acting Chief
Office of Policy and Planning
Texas Department of Health

MAILING INSTRUCTIONS

NONPROFIT HOSPITAL CHARITY CARE AND COMMUNITY BENEFITS REPORTING REQUIREMENTS

I. Reporting Requirements for the Texas Department of Health

Mail the report of your annual Community Benefits Plan and one copy of the Annual Statement of Community Benefits Standard and accompanying worksheets to:

Office of Policy and Planning*
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Failure to file the report of the annual Community Benefits Plan and the Annual Statement and accompanying worksheets with the department could result in an assessment of a civil penalty not to exceed $1,000 for each day a report is delinquent. (Health and Safety Code, Section 311.047.)

*Please note: Office of Policy and Planning was previously known as the Bureau of State Health Data and Policy Analysis.

II. Reporting Requirements for the Comptroller of Public Accounts

Mail one copy of the Annual Statement of Community Benefits Standard and accompanying worksheets to:

Comptroller of Public Accounts
Tax Policy Division
Exempt Organizations Section
Post Office Box 13528
Austin, Texas 78711-3528

III. Reporting Requirements for the Local County Appraisal District

Mail one copy of the Annual Statement of Community Benefits Standard and accompanying worksheets to your local county appraisal district. If you do not timely file your statement, you could lose your property tax exemption.

ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD - 1999
TEXAS NONPROFIT HOSPITALS

NOTE: This form should be used for fiscal reporting periods ending on or after January 1, 1999.

Hospital or Hospital System: _____

Mailing Address: _____
(Street Address/P.O. Box) (City, State, Zip Code)

Physical Address (*if different than mailing address)*:

_____
(Street Address) (City, State, Zip Code)

Reporting Period: ____/____/____ through ____/____/____ **Taxpayer Number:** _____
Month Day Year Month Day Year

I-1. Net Patient Revenue ..... $ _____

Please complete worksheets 1 through 4, worksheet 5, if applicable, and the sections on page 3 before completing sections I-2. through I-4.

I-2. ☐ The hospital has been designated as a disproportionate share hospital under the state Medicaid program in the period covered by this report (1999) or in either of its two previous fiscal years. If box is checked, completion of section I-3. or I-4. is not required.

I-3. STANDARDS - *Please check the appropriate box (A, B or C) below and provide the requested information.*

☐ **A**. Charity care and government-sponsored indigent health care are provided at a level which is reasonable in relation to the community needs, as determined through the community needs assessment, the available resources of the hospital, and the tax-exempt benefits received by the hospital.

1. Tax-exempt benefits (Worksheet 5) ..... $ _____
2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year ..... $ _____

☐ **B.** Charity care and government-sponsored indigent health care are provided in an amount equal to at least 100 percent of the hospital's tax-exempt benefits, excluding federal income tax.

1. Tax-exempt benefits (Worksheet 5) ..... $ _____
2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year ..... $ _____
3. Total of B.1. and B.2. above ..... $ _____
4. Enter the total from item II.C. ..... $ _____

☐ **C.** Charity care and community benefits are provided in a combined amount equal to at least five (5) percent of the hospital's net patient revenue, provided that charity care and government-sponsored indigent health care are provided in an amount equal to at least four (4) percent of net patient revenue.

1. Multiply Net Patient Revenue (I-1.) by 5% ..... $ _____
2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year ..... $ _____
3. Total of C.1. and C.2. above ..... $ _____
4. Enter the amount recorded in item II.E. ..... $ _____
5. Multiply Net Patient Revenue (I-1.) by 4% ..... $ _____
6. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year ..... $ _____
7. Total of C.5. and C.6. above ..... $ _____
8. Enter the amount recorded in item II.C. ..... $ _____

I-4. ☐ Check this box if your hospital did not meet any of the standards in section I-3. Please attach explanatory information.

INSTRUCTIONS FOR COMPLETION OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD

This form should be used by nonprofit hospitals for fiscal reporting periods ending on or after January 1, 1999. Please refer to the following instructions in completing the Annual Statement of Community Benefits Standard. Hospitals may elect to report on a consolidated "system" basis. Hospitals electing to report on a system basis shall consolidate the individual hospital information into a single annual statement of community benefits standard form (pages 1 and 3) for the system. A separate set of worksheets shall be completed for each individual hospital included in the system.

Hospitals required to report:

The following hospitals are included in the definition of nonprofit hospitals and are required to report:

1. a hospital eligible for tax-exempt bond financing; or exempt from state franchise, sales, ad valorem, or other state or local taxes; and organized as a nonprofit corporation or a charitable trust under the laws of this state or any other state or country; or
2. a Medicaid disproportionate hospital; or
3. a public hospital owned or operated by a political subdivision or municipal corporation of the state, including a hospital district or authority.

Exemptions:

A nonprofit hospital is not required to report if it:

1. a. is exempt from state franchise, sales, ad valorem, or other state or local taxes; and
   b. does not receive payment for providing health care services to any inpatients or outpatients from any source including but not limited to the patient or any person legally obligated to support the patient, third-party payors, Medicare, Medicaid, or any other federal, state, or local indigent care program; payment for providing health care services does not include charitable donations, legacies, bequests, or grants or payments for research; and
   c. does not discriminate on the basis of inability to pay, race, color, creed, religion, or gender in its provision of services; or
2. is located in a county with a population under 50,000 where the entire county or the population of the entire county has been designated as a Health Professionals Shortage Area (HPSA). Note: A nonprofit hospital is required to report if it is located in a county with a population under 50,000 where a subpopulation, partial geographic area, or a facility is designated as a HPSA. In this case, Exemption 2 does not apply.

Reporting Period: Indicate the 12-month period covered by the report.

Taxpayer Number: Include the 11-digit taxpayer number assigned by the Comptroller of Public Accounts.

Net Patient Revenue: "Net Patient Revenue" used in I-1. should be obtained from your hospital's audited financial report for the time period covered by this statement. "Net Patient Revenue" is the same as "Net Patient Service Revenue" as defined by generally accepted accounting principles.

Standards: Select the standard by checking the appropriate box (A, B or C). Provide the requested worksheets and additional information, if applicable.

Note: If the hospital has been designated as a disproportionate share hospital under the state Medicaid program in 1997, 1998 or 1999, completion of sections I-3. and I-4. is not required.

ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD - 1999 (continued)

Hospital or Hospital System: _____ **City:** _____

II. COMMUNITY BENEFITS INFORMATION - *Please refer to the instructions on the back of this page in completing this section.*

A. Charity

1. Unreimbursed cost of providing care to financially and medically indigent (Worksheet 1) ..... $_____

2. Support to financially indigent patients provided through others (Worksheet 2) ..... $_____

3. Total charity (A.1. + A.2.) ..... $_____

B. Unreimbursed cost of Providing Government-sponsored Indigent Health Care (Worksheet 3) ..... $_____

C. Total of A.3. and B. above ..... $_____

D. Cost of Providing Other Community Benefits (Worksheets 4-A and 4-B) ..... $_____

E. Total of C. and D. above ..... $_____

III. HOSPITAL SYSTEMS - *List all the hospitals included in this system report. Refer to the instructions on the back of this page in completing this section.*

Name of Hospital	Physical Address	Miles From System Office	Community Benefits Contribution*
1.			$
2.			
3.			
4.			
5.			
6.			
7.			
8.			

(Please add additional sheets if necessary)

TOTAL $

**** Note**: The sum of these contributions should total the entry in II.E.*

IV. CERTIFICATION: ***I certify that the information provided on this statement is true, complete and correct to the best of my knowledge.***

Name / Title (Please Print) _____ **Phone: Area Code / Telephone No.** _____

Signature _____ **Date** _____

Name of Person Completing Form _____ **Phone: Area Code / Telephone No.** _____

Electronic / Internet Mail Address _____ **FAX: Area Code / FAX No.** _____

INSTRUCTIONS FOR COMPLETION OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (Continued)

Community Benefits Information: Prior to completing Section II.A. through II.E., complete worksheets 1, 1-A, 2, 3, 4-A and 4-B. Also complete worksheet 5, if applicable. Definitions for use in the completion of required worksheets are provided on the back of each worksheet.

Hospital Systems: List all the hospitals in this system report. Include their physical address and approximate distance in miles from the physical location of the hospital system's corporate parent office. Specify the community benefits contribution made by each hospital. The sum of these contributions should equal the entry in II.E.

Certification: Sign and date the certification statement. Please include the name, telephone number, FAX number and e-mail address of the person completing the report.

Worksheet 1

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 1999

Name of Hospital:_____**City**: _____

Reporting Period: _____/ _____/ _____ through _____/ _____/_____
Month Day Year Month Day Year

	Financially Indigent	Medically Indigent	Total Charity Care Charges
Total Billed Charges for Charity Care Provided:			
Inpatient	_____	_____	_____
Outpatient	_____	_____	_____
Total	_____	_____	(a) _____

Cost to Charge Ratio Calculation:

Gross Patient Service Revenue[1] (based on 1998 audited fiscal year) (b) _____

Total Patient Care Operating Expenses[1, 2] (based on 1998 audited fiscal year) (c) _____

Cost to Charge Ratio (Divide (c) by (b)) (d) _____

Total Estimated Cost of Charity Care Provided ((a) X (d)) (e) _____

Less Payments Received for Charity Care Provided:

Third-Party Payments _____

Payments from Patients _____

Other Payments[3] _____

Total Payments Received for Charity Care Provided (f) _____

Estimated Unreimbursed Cost of Charity Care Provided ((e) - (f)) _____

[1] Based on the most recently completed and audited prior fiscal year of the hospital.

[2] Total Patient Care Operating Expenses includes bad debt expense.

[3] Does not include charitable contributions and grants received by the hospital.

Worksheet 1

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED BY HOSPITAL

Definitions

Reporting Period: Indicate the beginning and ending dates for your fiscal reporting period.

Financially Indigent: An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

Medically Indigent: A person whose medical or hospital bills after payment by third-party payors exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.

Charity Care: The unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by the hospital as "financially indigent" or "medically indigent."

Hospital Eligibility System: The financial criteria and procedure used by a hospital to determine if a patient is eligible for charity care. The system shall include income levels and means testing indexed to the federal poverty guidelines; provided, however, that a hospital may not establish an eligibility system which sets the income level eligible for charity care lower than that required by counties under Section 61.023 or higher, in the care of the financially indigent, than 200 percent of the federal poverty guidelines. A hospital may determine that a person is financially or medically indigent pursuant to the hospital's eligibility system after health care services are provided.

Cost to Charge Ratio Calculation: Derived in accordance with generally accepted accounting principles for hospitals.

Cost to Charge Ratio = Total Patient Care Operating Expenses divided by Gross Patient Service Revenue.

Worksheet 1-A

CALCULATION OF THE RATIO OF COST TO CHARGE

Name of Hospital:_____ **City:**_____

Reporting Period: _____/ _____/ _____ through _____/ _____/____
Month Day Year Month Day Year

Calculation of Initial Ratio of Cost to Charge

Total Patient Revenues
(from 1998 Medicare Cost Report*, Worksheet G-3, Line 1) (a) _____

Total Operating Expenses
(from 1998 Medicare Cost Report*, Worksheet A, Line 95, Col. 7) (b) _____

Initial Ratio of Cost to Charge ((b) divided by (a)) (c) _____

Application of Initial Ratio of Cost to Charge to Bad-Debt Expense

Bad-Debt Expense
(from 1999 audited financial statement covering your reporting period) (d) _____

Multiply "Bad-Debt Expense" by "Initial Cost to Charge Ratio" to determine allowable
Bad-Debt Expense **((d) x (c))** (e) _____

Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" ((b) + (e)) (f) _____

Calculation of Ratio of Cost to Charge ((f) divided by (a)) (g) _____

NOTE: This is Worksheet 1-A from the 1994 Annual Statement of Community Benefits Standard form.

* Use the latest available, prior year cost report regardless of status of review. For example, use information from the FY 98 Medicare Cost Report to complete this worksheet for FY 99.

Additional cost areas that are not reflected in the above calculations may be identified on the back of this form. Do not include these costs in worksheet computations.

Worksheet 1-A (Continued)

ADDITIONAL COST AREAS

Cost Area	Medicare Cost Report Reference*	Amount

*** Include worksheet, line number and column number, when applicable.**

Worksheet 2

SUPPORT TO FINANCIALLY INDIGENT PATIENTS PROVIDED THROUGH OTHERS - 1999

Name of Hospital:_____ **City :** _____

Reporting Period: _____/ _____/ _____ through _____/_____/_____
Month Day Year Month Day Year

		Other Nonprofit		Public		Total
Funding to:						
Outpatient Clinic						
Hospital						
Donations to Texas Healthy Kids Corporation Counted Toward Charity Care Obligation (Total donations = $_____)				XXXXXXXXX		
Other Health Care Organizations						
Total Funding to Others	(a.1.)		(a.2.)		(a.3.)	

Financial Support to:

Outpatient Clinic						
Hospital						
Other Health Care Organizations						
Total Other Financial Support	(b.1.)		(b.2.)		(b.3.)	

Total Support Provided Through Others:	(a.1. + b.1.)		(a.2. + b.2.)		(a.3. + b.3.)	
Less: Payments allocated						
Total Unreimbursed Support Provided Through Others						

Worksheet 2

SUPPORT TO FINANCIALLY INDIGENT PATIENTS PROVIDED THROUGH OTHERS

Definitions

Reporting Period: Indicate the beginning and ending dates for your fiscal reporting period.

Charity Care: The unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting health care services provided to financially indigent patients through other nonprofit or public outpatient clinics, hospitals, or health care organizations.

Donations To Texas Healthy Kids Corporation Counted Toward Charity Care Obligation: Include money donated to the Texas Healthy Kids Corporation that is counted toward charity care obligation. Not more than 10 percent of the charity care required under any standard may be satisfied by the donation. Refer to Item I-3.C.5., page 1, for the required amount of charity care (four percent of net patient revenue)

Worksheet 3

ESTIMATED UNREIMBURSED COST OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE - 1999

Name of Hospital: _____ **City**: _____

Reporting Period: _____/ _____/ _____ through _____/ _____/ _____
Month Day Year Month Day Year

Billed Charges for Government-sponsored Indigent Health Care Provided:

	Inpatient	Outpatient	Total
Medicaid (do not include Disproportionate Share Hospital payments)			
State Government (CIDC, Primary Care, Kidney Health, etc.)			
Local Government (County Indigent Health Care, other)			
Other Government			
Total Billed Charges			(a)

Ratio of Cost to Charge (Worksheet 1, Item d) (b) _____

Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) x (b)) (c) _____

Payment Received for Government-sponsored Indigent Health Care Provided:

Medicaid (exclude Disproportionate Share Hospital payments)	
Medicaid Disproportionate Share Hospital payments	
State Government (CIDC, Primary Care, Kidney Health, etc.)	
Local Government (County Indigent Health Care, other)	
Other Government	
Total Payments	(d)

Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d)) (e) _____

Worksheet 3

ESTIMATED UNREIMBURSED COSTS OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE

Definitions

Reporting Period: Indicate the beginning and ending dates for your fiscal reporting period.

Unreimbursed Costs: The costs a hospital incurs for providing services after subtracting payments received from any source for such services including but not limited to the following: third-party insurance payments; Medicare payments; Medicaid payments; Medicare education reimbursements; state reimbursements for education; payments from drug companies to pursue research; grant funds for research; and disproportionate share payments. For purposes of this definition, the term ”costs” shall be calculated by applying the cost to charge ratios derived in accordance with generally accepted accounting principles for hospitals to billed charges. The calculation of the cost to charge ratios shall be based on the most recently completed and audited prior fiscal year of the hospital or hospital system. For purposes of this definition, charitable contributions and grants to a hospital, including transfers from endowment or other funds controlled by the hospital or its nonprofit supporting entities, shall not be subtracted from the costs of providing services for purposes of determining the unreimbursed costs of charity care and government-sponsored indigent health care only.

Government-sponsored Indigent Health Care: The unreimbursed cost to a hospital of providing health care services to recipients of Medicaid and other federal, state, or local indigent health care programs, eligibility for which is based on financial need.

Worksheet 4-A

COST OF PROVIDING COMMUNITY BENEFITS - 1999

Name of Hospital:_____ **City**: _____

Reporting Period: _____/ _____/ _____ through _____/ _____/_____
Month Day Year Month Day Year

Unreimbursed Cost of Subsidized Health Services:

Emergency Care	_____
Trauma Care	_____
Neonatal Intensive Care	_____
Freestanding Community Clinics, e.g., rural health clinics	_____
Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program	_____
Other Services	_____
Total	(a) _____

Donations made by the hospital	(b) _____
Unreimbursed Research-Related Costs	(c) _____

Unreimbursed Education-Related Costs

Education of physicians, nurses, technicians and other medical professionals and health care providers	_____
Scholarships and funding to medical schools, colleges and universities for health professions education	_____
Education of patients concerning diseases and home care in response to community needs	_____
Community health education through informational programs, publications and outreach activities in response to community needs	_____
Other educational services	_____
Total	(d) _____

Total Cost of Providing Community Benefits ((a) + (b) + (c) + (d)) _____

Worksheet 4-A

COST OF PROVIDING COMMUNITY BENEFITS

Definitions

Reporting Period: Indicate the beginning and ending dates for your fiscal reporting period.

Subsidized Health Services: Those services provided by a hospital in response to community needs for which the reimbursement is less than the hospital's cost for providing the services and which must be subsidized by other hospital or nonprofit supporting entity revenue sources.

Donations: The unreimbursed costs of providing cash and in-kind services and gifts, including facilities, equipment, personnel, and programs, to other nonprofit or public outpatient clinics, hospitals, or health care organizations.

Research-Related Costs: The unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting facilities, equipment, and personnel for medical and clinical research conducted in response to community needs.

Education-Related Costs: The unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting educational benefits, services, and programs.

Unreimbursed Costs: The costs a hospital incurs for providing services after subtracting payments received from any source for such services including but not limited to the following: third-party insurance payments; Medicare payments; Medicaid payments; Medicare education reimbursements; state reimbursements for education; payments from drug companies to pursue research; grant funds for research; and disproportionate share payments. For purposes of this definition, the term "costs" shall be calculated by applying the cost to charge ratios derived in accordance with generally accepted accounting principles for hospitals to billed charges. The calculation of the cost to charge ratios shall be based on the most recently completed and audited prior fiscal year of the hospital or hospital system. For purposes of this definition, charitable contributions and grants to a hospital, including transfers from endowment or other funds controlled by the hospital or its nonprofit supporting entities, shall not be subtracted from the costs of providing services for purposes of determining the unreimbursed costs of charity care and government-sponsored indigent health care only.

Worksheet 4-B

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT MEDICARE, CHAMPUS AND OTHER GOVERNMENT-SPONSORED PROGRAMS - 1999

Name of Hospital:_____ **City**: _____

Reporting Period: _____/ _____/ _____ through _____/ _____/_____
Month Day Year Month Day Year

		Total Charges
Total Billed Charges for Medicare, CHAMPUS, and Other Government-sponsored Health Care Provided:		
Inpatient		
Outpatient		
Total Billed Charges	(a)	
Ratio of Cost to Charge (Worksheet 1, Item d)	(b)	
Estimated Cost of Government-sponsored Health Care Provided (a x b)	(c)	
Payments Received for Care Provided:		
Government Payments		
Payments from Patients		
***Other Payments**		
Total Payments	(d)	
Estimated Unreimbursed Cost of Government-sponsored Health Care Provided ((c) - (d))		

* Does not include charitable contributions and grants.

Worksheet 4-B

ESTIMATED UNREIMBURSED COST OF INPATIENT AND OUTPATIENT MEDICARE, CHAMPUS AND OTHER GOVERNMENT-SPONSORED PROGRAMS

Definitions

Reporting Period:	Indicate the beginning and ending dates for your fiscal reporting period.
Unreimbursed Costs:	The costs a hospital incurs for providing services after subtracting payments received from any source for such services including but not limited to the following: third-party insurance payments; Medicare payments; Medicaid payments; Medicare education reimbursements; state reimbursements for education; payments from drug companies to pursue research; grant funds for research; and disproportionate share payments. For purposes of this definition, the term "costs" shall be calculated by applying the cost to charge ratios derived in accordance with generally accepted accounting principles for hospitals to billed charges. The calculation of the cost to charge ratios shall be based on the most recently completed and audited prior fiscal year of the hospital or hospital system. For purposes of this definition, charitable contributions and grants to a hospital, including transfers from endowment or other funds controlled by the hospital or its nonprofit supporting entities, shall not be subtracted from the costs of providing services for purposes of determining the unreimbursed costs of charity care and government-sponsored indigent health care only.
Government-sponsored Program Unreimbursed Costs:	The unreimbursed cost to the hospital of providing health care services to the beneficiaries of Medicare, the Civilian Health and Medical Program of the Uniformed Services, and other federal, state, or local government health care programs.

Worksheet 5

ESTIMATED VALUE OF TAX EXEMPT BENEFITS - 1999

Name of Hospital: _____ **City**: _____

Reporting Period: _____/ _____/ _____ through _____/ _____/_____
Month Day Year Month Day Year

Franchise Tax

The greater of:

Fund Balance x 0.25 percent (.0025); or

Net Income plus Officers' and Directors' Compensation x 4.5 percent (.045) (a) _____

Ad Valorem Taxes

County Property Tax = Appraised Value of Property

(Real and Personal) x Tax Rate _____

+ School District Tax = Appraised Value of Property x Tax Rate _____

+ Hospital District Tax = Appraised Value of Property x Tax Rate _____

+ Other Property Taxes = Appraised Value of Property x Tax Rate _____

Total Estimated Ad Valorem Taxes (b) _____

Sales Tax

Supplies expense less pharmacy supplies expense _____

+ Lease or rental expense _____

+ Capital Purchases _____

Total Estimated Taxable Purchases _____

Sales Tax Rate _____

Total Estimated Sales Tax=Total Estimated Taxable Purchases X Sales Tax Rate (c) _____

Contributions

Nondesignated and Charitable Cash Donations received by the hospital _____

+ Fair Market Value of Nondesignated and Charitable In-Kind Donations _____

Total Contributions (d) _____

Tax-Exempt Bond Financing

Average Outstanding Bond Principal x Prevailing Interest Rate at

Time of Issuance _____

Less Actual Interest Expense for the Period _____

Total Estimated Value of Tax-Exempt Bond Financing (e) _____

TOTAL ESTIMATED VALUE OF TAX EXEMPT BENEFITS ((a)+(b)+(c)+(d)+(e)) _____